CHRISTOPHER WAYNE LESTER

14 OF 14

Christopher Lester DOB not available 7-10-00
Wt 295 P 74

S–In for f/u and doing essentially the same. He still has a considerable amt of left shoulder and low back pain, with any attempt at motion. He is also having headache occur also. We haven't got an appt for him to see Dr. Loimil yet.

O–Exam - no apparent distress, very stocky, he has diminished internal and external rotation of the shoulder, he can barely lift it above level. He can SL to about 10 degrees.

A–Chronic shoulder sprain strain reaction, and LBP.

P–Maintain meds. in addition to Lodine 500 Bid, obtain consult with Dr. Loimil and follow.

John M. Snyder, D. O./bjw
7-11-00

7/17/00 Vicoden ES 1 TID # 90 prn pain (X) Medicap (X)

Christopher Lester DOB: [redacted]/71 6-21-00
WT 290 P 104 BP 110/74

S–In for f/u, his shoulder and back are doing about the same, basically has had no change.

O–Exam - he has tenderness of the shoulder, greatly diminished on internal and external rotation, not elevated above 90 degrees. He still has a lot of LS tenderness, can flex to about 40 degrees.

A–Left shoulder strain, questionable rotator cuff involvement, LS strain.

P–D/C therapy for now, I don't think it is doing much good. Refill on meds. Vicodin #90 1-2 Q 4-6 hrs prn pain, Flexaril 10 ½ PO BID and 2 QHS, f/u in 2 wks.

John M. Snyder, D. O./bjw

Christopher Lester DOB[redacted]/71 6-9-00
WT 292 P 86

S–In for f/u he is essentially doing the same, and has considerable amt of left shoulder pain, he can barely elevate it. His back pain is a little better but still present.

O–Exam - he is ambulatory without limp, vitals are stable. Exam of the shoulder shows anterior tenderness, he has increased pain with internal and external rotation, difficulty in elevating the shoulder. He still has LS tenderness, SLR is neg.

A–Left shoulder strain, LBP

P–Maintain meds. therapy and f/u 2 wks.

John M. Snyder, D. O./bjw

6-13-00

Christopher Lester DOB [redacted]/71 5-24-00
Wt 293 P 74

S–In for f/u still has a minimal amt of left shoulder and low back pain, has been going to therapy and states it has helped his back a little bit not really a whole lot with his shoulder.

O–Exam - he walks with a normal gait, he has stiffness of the left shoulder, increased motion internal and external rotation. Rotator weakness. SLR creates pain bilaterally. No neuro deficits.

A–Left shoulder strain, history of chronic recurrent LBP, exacerbated by recent injury.

P–Maintain meds and PT, rx written and will get appt to see Dr. Loimil in regard to his shoulder and f/u in 2 wks.

John M. Snyder, D. O./bjw

Chris Lester DOB [redacted]71 5-10-00
Wt 290 P 82

S–Here for f/u nothing has changed, he still has significant pain in his neck arm and low back, he has difficulty with his shoulder if he raises it above level.

O–Exam - he is in mild distress, he has tenderness of the c-spine, ROM is diminished side bending and rotation to the left and right. He has pain in the shoulder with elevation. No specific weakness.

A–Cervical strain, possible rotator cuff strain, lumbar strain

P–Continue PT and refill on meds. and f/u 2 wks. We may need to do further workup of the shoulder if it doesn't improve.

John M. Snyder, D. O./bjw

Chris Lester DOB [redacted]/71 4-26-00
Wt 293 P 72

S–In for f/u still having significant neck, left shoulder and low back pain, hasn't really resolved to much. He has been going to therapy.

O–Exam - gait is normal, he has stiffness of the neck in all plains especially with flexion and extension. There is minimal muscle spasm, noted. Exam of the shoulder shows loss of contour. ROM is diminished on external and internal rotation and elevation. Low back shows diminished flexion.

A–Cervical and left shoulder strain, exacerbation of LBP

P–Maintain meds. give rx for Vicodin ES to take for extra pain.

John M. Snyder, D. O./bjw

4-1-00

Chris Lester DOB[redacted]/71 4-20-00
Wt 194 P 104

S–In for f/u comp injury. He is still having about the same amt of pain. He has been going to PT, in fact he has developed more LBP since he has been injured this time. states he has difficulty using his right arm and neck.

O–Exam - he walks with a very stiff deliberate gait, he has diminished flexion and extension, side bending and rotation in all plains with associated cervical spasm. Exam of the shoulders show normal contour. There is increased pain with internal and external rotation and elevation. Grip strength is diminished. Low back exam shows diminished flexion and pain to 20 degrees.

A–Cervical strain, left shoulder strain, exacerbation of LBP

P–Maintain therapy and given refill on meds and f/u in 1 wk.

John M Snyder. D. O./bjw

Name: Christopher Lester DOB: [redacted]/71 4/7/00
Wt 294 P 80

S-He comes in today for follow up. He had a compensation injury a few weeks ago when he fell off of a truck injuring his left shoulder, his mid back and ribs. He apparently lost consciousness. He was evaluated at CAMC. He has been treated at their Health Plus since then. He is still having a lot of pain especially in the shoulder. He is still having some headaches.

O-Exam reveals he is in no apparent distress. His vitals are stable. HEENT: Benign. He has some stiffness of his neck. He has a lot of pain with movement of his shoulder. He has great difficulty in raising it above 90 degrees.

A-Cervical lumbar strain, left shoulder strain and contusion.

P-He is continued on Motrin 800 t.i.d., Flexeril 10, 1/2 b.i.d. and 2 q.h.s., Vicodin ES p.r.n. severe pain. Will place him in physical therapy for a couple of weeks and follow.

John Mark Snyder, D.O./srh

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PTD/LME
Part 1 of

April 29, 2003

Bureau of Employment Programs
Workers' Compensation Division
Office of Claims Management
Post Office Box 431
Charleston, WV 25322-0431

Attn: Mary Risk
Claims Manager

PTD EVALUATION

Claimant: CHRISTOPHER W. LESTER
Address: P.O. Box 1113
Danville, WV 25053
Claim No.: 950006803 DOI: 08/10/94
Main Claim: 2000046841 03/10/00
S.S.N.: [redacted]-3340

The following is an orthopaedic evaluation which was performed at Independent Medical Doctors in Cross Lanes, West Virginia, by Joseph E. Fernandes, M.D., on the 29th of April, 2003.

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]-3340
D.O.I.: 03/10/2000

Dear Ms. Risk,

The above-named claimant was examined by me on the 29th of April, 2003 with reference to his work related injuries whose claim numbers are given aboye.

SOCIAL HISTORY: The claimant is thirty-one years old and married. He is a high school graduate. The claimant does not smoke cigarettes nor take alcoholic beverages.

MEDICAL HISTORY: The claimant suffers from hypertension and high serum cholesterol. He has been treated for seizure disorder. The claimant gives a vague history of sustaining a stroke in August, 2002 and he was hospitalized for nine days in Saint Francis Hospital. Currently he takes Lipitor, Vioxx, Percocet, Flexeril, Trazodone, Effexor and Topamax. He uses a TENS unit.

The claimant is under the care of Dr. John Snyder, his family Physician, Dr. Riaz, Psychiatrist and Dr. Rheal, Neurologist for seizure disorder treatment.

HISTORY OF NONWORK-RELATED INJURIES: The claimant sustained fracture left clavicle in 1986.

WORK HISTORY: At the time of his major and recent work related injury on the 10th of March, 2000 the claimant was working as a truck driver for D&M Trucking Corporation. He had worked there for approximately three years. Prior to that he worked for other trucking companies as a driver.

The claimant has not worked since March, 2000.

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D.O.I.: 03/10/2000

HISTORY OF PRIOR WORK-RELATED INJURIES: I will enumerate the prior work related injuries in the review of medical records.

HISTORY OF CURRENT WORK-RELATED INJURY:

Cl#: 2000046841/DOI: 03/10/00

On the 10th of March, 2000 the claimant was standing on the fender of a coal truck when he fell sideways landing on his left shoulder and hitting his head against another vehicle. Apparently he had loss of consciousness. He was seen in Charleston General Hospital where he was diagnosed to be suffering from closed head injury, cervical, thoracic and lumbar strain. The claimant was treated non-surgically by Dr. Marsha Bailey and several other physician's. The claimant was also evaluated by Dr. C. Amores, Neurosurgeon and also received treatment at the Pain clinic provided by Dr. Saldanha.

CURRENT SYMPTOMS: The claimant complains of restriction of movement in the left shoulder. He experiences pain in the left shoulder whenever he moves his left arm. The claimant often has pain in the left shoulder when he wakes up in the morning.

The claimant complains of pain in the back of his neck when he lies in bed. The neck pain apparently radiates to his right ear. During the daytime sometimes he has neck pain with certain movements of his neck. The claimant does not have any radiation of pain to the upper extremities. Occasionally he has numbness in the left 4th and 5th fingers.

The claimant does not have any symptoms in relation to his upper back. He complains of a dull pain in his lower back which radiates to his right leg along the back of his right hip and right thigh and

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then radiating towards the right shin. He has transient episodes of "pins and needles" sensation in his right foot toes lasting from a few minutes to several hours.
The claimant complains of pain in the right knee whenever his lower back hurts. He does not have any symptoms in relation to his left knee. The claimant uses a cane in his right hand when he goes out of the house.

The claimant had some incontinence of the urine following his back injury but since he had the stroke in August, 2000 he has more problems with his bladder and he uses a Texas catheter. The claimant does not have any bowel dysfunction.

FUNCTIONAL ACTIVITIES: The claimant has not worked since March, 2000. He is receiving social security disability benefits.

The claimant does some household chores but he is not involved in any outdoor activities like hunting or lawn mowing. He does go fishing with his brother-in-law approximately once a month.

REVIEW OF MEDICAL RECORDS: The medical records made available to me were reviewed. The medical records will be reviewed in the chronological order with details regarding treatment received.

C#: 950006803/DOI: 08/10/94

The claimant was working for Tri-State Home Center as a setup crew. On the 10th of August, 1994 as he was walking, his left ankle turned over and he fell in a ditch injuring his lower back and left ankle. X-rays of the lumbar spine were done in Boone Memorial Hospital which revealed compression fracture T11 vertebra with less than 25% anterior height loss. X-rays of the left ankle and lumbar spine did not show any abnormality.

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The claimant was followed up by Dr. Chimuntdet on the 12th of August, 94 and he was treated with a thoracolumbar Jewett type brace. The claimant was followed up by Dr. Chimuntdet and he underwent physical therapy for his back and received prescriptions for analgesics as well as anti-inflammatory medications.

On the 5th of January, 95 he was evaluated by Dr. H. M. Hills who concluded that he had not reached maximum medical improvement. Dr. Hills suggested additional physical therapy and weight loss. The claimant continued physical therapy and followed up with Dr. Chimuntdet.

The claimant was re-evaluated by Dr. Hills on the 24th of August, 95. Dr. Hills concluded that he had 10% permanent impairment.

On the 19th of September, 95 the claimant was evaluated by Dr. Ignatiadis who stated that his permanent impairment to be less than 10% for the compression fracture T12 vertebra. Dr. Ignatiadis stated that he will not be able to return to his pre-injury job. He stated that he shoulder be treated non-surgically.

The claimant was evaluated by Dr. Majestro on the 30th of November, 95 complaining of right shoulder weakness. Dr. Majestro stated that there was no impairment with reference to his right shoulder.

On the 18th of July, 1996, he was discharged from work hardening program in Logan General Hospital Physical Therapy. He was placed in sedentary physical demand level. His pre-injury job was heavy physical demand level. The claimant was followed up by Dr. Chimuntdet at regular intervals.

On the 7th of January, 97 the claimant was evaluated by Dr. Paul Bachwitt. MRI of the lumbar spine done on the 3rd of August, 96 revealed no evidence of herniated nucleus pulposus. The claimant

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apparently had been discharged from rehab program on the 18th of July, 96. Dr. Bachwitt's records reveal that the claimant had undergone Pain clinic treatment and received trigger point injections as well as lumbar epidural steroid injections. The claimant was also followed up by Dr. Atkins and Dr. Mark Synder. Dr. Bachwitt concluded in his IME that his permanent impairment to be 5% for the thoracic spine.

Cl#: 2000046841/DOI: 03/10/00

The claimant was working as a truck driver for D&M Trucking Corporation. On the 10th of March, 2000 the claimant was standing on the fender of a coal truck when he fell sideways landing on the left shoulder and hitting his head against another vehicle. There was loss of consciousness.

The claimant was seen in Charleston General Hospital on the 10th of March, 2000. X-rays of the cervical spine did not show any abnormality. CT scan of the head did not show any acute changes. Thoracic spine x-rays showed T11 old compression fracture. Lumbar spine x-rays revealed no abnormality. X-ray of the pelvis, left ankle and left shoulder did not show any abnormality. He was admitted to the hospital with a diagnosis of closed head injury and cervical, thoracic and lumbar strain.

The claimant was seen in Charleston General Hospital gain on the 13th of March, 2000 complaining of headaches and left shoulder pain. A repeat CT scan of the head did not show any abnormality.

On the 14th of March, 2000 the claimant was seen by Dr. Marsha Bailey. Dr. Bailey concluded that he suffered from closed head injury, cervical spine strain, left shoulder strain and chest wall contusion. Conservative treatment was prescribed. He was given a prescription for Flexeril, Ibuprofen and Darvocet N100.

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On the 15th of March, 2000 the claimant was seen by Dr. Phillips at the ENT Clinic. Dr. Phillips stated that the claimant did not have any fractures in relation to his temporal bones and there was no abnormality with reference to his ears.

On the 27th of March, 2000 the claimant was again followed up by Dr. Marsha Bailey. MRI of the left shoulder did not show any abnormality. The claimant was referred to physical therapy at Boone Memorial Hospital on the 3rd of April, 2000. Subsequently the claimant was followed up by Dr. Mark Synder in Madison and prescriptions for Vicodin, Flexeril and Motrin was given.

Additional medical records show that the claimant continued with physical therapy in Boone Memorial Hospital from 03/29/00 till 09/19/00.

The claimant was again seen by Dr. Mir on the 2nd of August, 2000. Dr. Mir concluded that the claimant had not reached maximum medical improvement. MRI of the cervical and lumbar spine were ordered as well as EMG studies of the lower extremities were ordered. Dr. Mir suggested a consult with Dr. Loimil and also a neurosurgical consult.

EMG of the upper extremities revealed no evidence of carpal tunnel syndrome or cervical radiculopathy. There was no peripheral radiculopathy. The claimant was followed up by Dr. Snyder.

On the 3rd of October, 2002 the claimant was evaluated by Dr. C. Amores, Neurosurgeon. MRI of the lumbar and cervical spine were essentially normal. The left and right AC joints were also normal. Dr. Amores concluded that the claimant suffered from musculoskeletal strain involving the cervical, thoracic and lumbar spine. There was no neurological deficit. Dr. Amores suggested non-surgical treatment for his neck and low back symptoms.

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The claimant was evaluated by Dr. Loimil on the 17th of October, 2000 who suggested a MRI of the left shoulder. The claimant did have MRI of the left shoulder sometime early part of 2000 which was normal.

On the 28th of February, 2001 the claimant was evaluated by Dr. Francis Saldanha at the Pain clinic and he received facet joint injections as well as trigger point injections for low back pain as well as neck pain.

MRI of the left shoulder done on the 30th of January, 2001 showed no evidence of rotator cuff tear.

On the 9th of April, 2001 the claimant was evaluated by Dr. Riaz, Psychiatrist who stated that the claimant suffered from major depressive disorder and anxiety disorder. He suggested continued psychiatric treatment with bi-weekly psychotherapy. Dr. Riaz also concluded that he is unable to sustain gainful employment at that time.

The claimant was evaluated by Dr. Mir on the 26th of June, 2001. The claimant was at that time attending the Pain clinic. Dr. Mir concluded that he had reached maximum medical improvement and that he was not totally disabled. Dr. Mir concluded his permanent impairment to be 20%.

On the 18th of September, 2001 the claimant was evaluated by Dr. John Justice who suggested that he had reached maximum medical improvement and his permanent impairment to be 10%.

Dr. Justice suggested referral to vocational rehab training and employment. Dr. Justice stated that the claimant did not have major mood disorder or psychiatric disorder or significant cognitive disorder.

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The claimant was seen in Saint Francis Hospital on the 1st of August, 2002 complaining of urinary incontinence. He was seen by Dr. Frederic Martinez. He suggested outpatient cystoscopy and ureal dynamic studies. MRI of the lumbar spine revealed L4-L5 degenerative disc. There was no evidence of herniated nucleus pulposus.

No other medical records were available for my review.

X-rays brought in by the claimant were reviewed by me. X-rays of the lumbar spine and cervical spine done on the 3rd of August, 2000 in Boone Memorial Hospital show minor degenerative changes. X-rays of the thoracic spine revealed minor degenerative changes and an old compression fracture T11 vertebra with less than 25% anterior loss of height. X-rays of the left shoulder, left ribs as well as right ribs do not show any abnormality.

X-ray of the left shoulder done in Boone Memorial Hospital on the 30th of August, 2000 does not show any abnormality.

MRI of the cervical spine done on the 12th of September, 2000 shows degenerative disc disease. The lumbar spine MRI shows degenerative disc disease with slight bulge at L4-L5. The thoracic spine MRI shows minor degenerative disc disease. There is no evidence of herniated nucleus pulposus.

PHYSICAL EXAMINATION: The claimant is 5' 7" tall and weighs 290 pounds. He is right handed. The claimant ambulates using a cane in his right hand.

Examination of the neck revealed no tenderness to palpation. There was no paracervical muscle spasm. The range of motion examination of the cervical spine revealed the active flexion to be 40, 40 and 40 degrees where as the T1 flexion was 2, 2 and 2 degrees. The maximum cervical flexion angle was 38 degrees. The cervical extension was 50, 50 and 50 degrees where as the T1 extension

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was 2, 2 and 2 degrees. The maximum cervical extension angle was 48 degrees. The cervical right lateral flexion was 40, 42 and 42 degrees where as the left lateral flexion was 30, 31 and 32 degrees. The cervical right rotation was 80, 82 and 82 degrees where as the left rotation was 76, 78 and 80 degrees.

Examination of the shoulders revealed no evidence of asymmetry. There was no deformity with reference to the AC joints.

The right shoulder range of motion revealed abduction/flexion 180 degrees, extension 50 degrees, adduction 50 degrees, internal and external rotation 90 degrees. The right upper extremity motor strength was 5/5. The active flexion of the right elbow was 135 degrees and the extension was full. The right arm reflexes were +2. The right hand grip strength was 100, 90 and 95 pounds on three consecutive testing. There was no motor or sensory neurological deficit in relation to the right upper extremity.

Examination of the left shoulder revealed no tenderness to palpation. The abduction/flexion was 90 degrees, the extension was 35 degrees and the adduction was 30 degrees. The internal/external rotation was 90 degrees. The left upper extremity motor strength was 5/5. The left elbow active flexion was 135 degrees and the extension was full. The left arm reflexes were +2. The range of motion of the left wrist and left hand fingers was full. The left hand grip strength was 55, 50 and 55 pounds. The claimant complained of left shoulder pain during left hand grip and in my opinion, it is invalid.

Examination of the thoracic and lumbar spine revealed no evidence of scoliosis or kyphosis. There was no paravertebral muscle spasm or tenderness. The range of motion examination of the thoracic spine revealed the active flexion to be 88, 88 and 88 degrees where as the T12 flexion was 35, 35

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and 35 degrees. The maximum thoracic flexion angle was 52 degrees. The thoracic right rotation was 50, 50 and 49 degrees where as the left rotation was 52, 52 and 48 degrees.

Examination of the lumbar spine revealed the T12 flexion to be 72, 72 and 74 degrees where as the sacral flexion was 31, 32 and 33 degrees. The maximum true lumbar flexion angle was 41 degrees. The lumbar extension was 30, 30 and 32 degrees where as the sacral extension was 4, 5 and 5 degrees. The maximum true lumbar extension angle was 27 degrees.

The straight leg raising in supine position on the right side was 20, 22 and 22 degrees where as the left side was 20, 18 and 18 degrees.

The lumbar right lateral flexion was 40, 40 and 41 degrees where as the left lateral flexion was 30, 32 and 30 degrees.

Examination of the lower extremities revealed the motor strength of hip flexion/extension, hip abduction, knee flexion/extension, ankle dorsiflexion/plantar flexion and great toe extension to be 5/5. The claimant was not asked to heel walk and toe walk as he would be unsteady due to obesity.

There was no sensory deficit in relation to the lower extremity and the patellar/Achilles reflexes were +1 bilaterally.

The straight leg raising in sitting position on the right side was 44, 48 and 48 degrees where as on the left side was 60, 70, 70 and 70 degrees.

The hip and sacroiliac test for pain were negative bilaterally.

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The distal pulses were felt and were normal bilaterally. The right thigh circumference measured 20 centimeters above the tibial tubercle was 71 centimeters and the right calf circumference measured 10 centimeters below the tibial tubercle was 48 centimeters. The left thigh circumference was 71.5 centimeters and the left calf circumference was 48 centimeters. The leg length could not be measured in supine position since the anterior superior iliac spine could not be felt due to obesity.

There was no obvious motor or sensory neurological deficit in relation to the lower extremities.

IMPRESSION:
- Status post compression fracture T1 vertebra (25% anterior height loss).
- Status post closed head injury.
- Status post cervical, thoracic and lumbar strain.
- Status post contusion left hip and ligamentous strain left knee.
- Status post contusion left rib cage with no residual symptoms.

DISCUSSION/CONCLUSION/RECOMMENDATION:

1) The claimant has reached maximum medical improvement with reference to all the above mentioned injuries.

The claimant will not benefit from any additional surgical/medical intervention.

2) The claimant has not worked since March, 2000 and he is receiving social security disability benefits. The claimant is not planning to return to the work force.

3) The permanent impairment as a consequence of the work related injuries is given below with details.

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There is no permanent impairment with reference to his left knee and left rib cage.

LEFT SHOULDER

As per Figure 38, Page 43, the claimant gets 6% upper extremity impairment for flexion of 90 degrees and 1% upper extremity for extension of 35 degrees.

As per Figure 41, Page 44, the claimant gets 4% upper extremity impairment for abduction of 90 degrees and 1% upper extremity impairment for adduction of 30 degrees.

7% combined with 5% is 12%.

As per Table 3, Page 20, 12% upper extremity impairment equals to 7% whole person impairment.

The Total Whole person Permanent Impairment for the left shoulder is 7%.

CERVICAL/THORACIC/LUMBAR SPINE

As per DRE Model, for the cervical spine the claimant falls under Category II and the permanent impairment is 5%, for the thoracolumbar spine the claimant falls under Category II and the permanent impairment is 5% (Tables 72 & 73, Page 110).

As per Range of Motion Model, Table 75, Page 113, for the cervical spine the claimant falls under Category II B and the permanent impairment is 4%, for the thoracic spine the claimant

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falls under Category I A and the permanent impairment is 2% and for the lumbar spine the claimant falls under Category II B and the permanent impairment is 5%.

Based on range of motion estimation the claimant gets 3% for the cervical spine, 0% for the thoracic spine and 4% for the lumbar spine.

There was no neurological deficit with reference to the cervical, thoracic or lumbar spine.

The Total cervical spine Impairment as per Range of Motion Model is 7%, for the thoracic spine is 2% and for the lumbar spine is 9%.

Please note that the claimant was not evaluated regards his bladder/urinary problems. In my opinion, they are unlikely to be related to his back injury.

Combining 9% of the lumbar spine with 7% of the cervical spine we get 15%. Combining 15% with 2% of the thoracic spine we get 17%.

Combining 17% of the total spine with 7% of the left shoulder we get 23%.

The Total Whole Person Permanent Impairment is 23%.

In my opinion, this thirty-one year old male is not totally and permanently disabled. In my opinion, the claimant should be able to take up sedentary type work. He may be able to take up higher category work depending upon the functional capacity evaluation with some restriction with reference to his left shoulder movement.

The claimant will greatly benefit from a weight reduction program.

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Academy of Disability Evaluating Physicians
Fellow of the Royal College of Surgeons of Edinburgh

Joseph E. Fernandes, M.D.

401 Division St., Suite 104
South Charleston, WV 25309
Telephone (304) 766-3403

Date: April 29, 2003

Claimant: CHRISTOPHER W. LESTER
Claim No.: 2000046841
S.S.N.: [redacted]-3340
D.O.I.: 03/10/2000

Disclaimer: The IME process was explained to the claimant and he understands that no patient/treating physician relationship exists between him and me. Only those parts of the body logically associated with the injury of the neck, back & shoulder dated 03/10/00 were assessed and this report cannot be construed as a comprehensive physical examination for any general health purpose.

The information contained within this report was obtained primarily from the patient by way of history and physical examination, but the available medical records were also reviewed as noted.

The conclusions reached in this report are my own acting in my capacity as an independent medical examiner in orthopaedic surgery. My opinions are not subjected to outside influences or agencies.

If there are any questions regarding this report or any points that require further clarification, please contact me.

Yours sincerely,

Joseph E. Fernandes, M.D.

JEF/blt
DT: 04/29/03

Reference: Guides to the Evaluation of Permanent Impairment, Fourth Edition, published by the American Medical Association.

Diplomate, American Board of Orthopaedic Surgery
Fellow, American Academy of Orthopaedic Surgeons
Member, American Academy of Disability Evaluating Physicians
Fellow of the Royal College of Surgeons of Edinburgh

LM.D., INC.
EPENDENT MEDICAL DOCTORS, INC.
4984 WASHINGTON STREET WEST
P.O. BOX 7573
CROSS LANES, WV 25356-0573
PHONE: 1-800-749-8603 OR 304-776-4771
FAX:304-776-4592

Figure 80. Spine Impairment Summary

Name: CHRISTOPHER LESTER Soc. Sec. No.: [redacted]-3340 Date: 4/29/03

Impairment	Cervical or Cervicothoracic	Thoracic or Thoracolumbar	Lumbar or Lumbosacral	
1. Injury Model Impairment DRE Category	T72 II 5%	Thoracolumbar T74, 5%		figure 12 Page 108
2. Range of Motion Model Impairment	IIB 4%	IA 2%	IIB 8%	
a. Based on diagnosis (Table 64, pp. 85-86)	3%	0%	4%	Table 71 Page 113
b. Based on range of motion				
c. Neurologic system 1. Loss of sensation* 2. Loss of strength	0%	0%	0%	Table 81 Page 130
3. Regional impairment totals Combine impairments in each column using the Combined Values Chart (p. 322).	7%	2%	9%	
4. Total spine impairment (Combine regional impairments)			17%	

Left Knee 0%
Left shoulder 7%

23% WPI

Combined Values Page 322

MD

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FAX:304-776-4592

Figure 79. Lumbar Range of Motion (ROM):*

Name CHRISTOPHER LESTER Soc. Sec. No. [redacted]3340 Date 4/29/03

Movement	Description	Range					
Lumbar Flexion	T12 ROM	72	72	74			
	Sacral ROM	31	32	33			
	True lumbar flexion angle	41	40	41			
	±10% or 5°?	(Yes)	No	Table 81			
	Maximum true lumbar flexion angle	41		Page 128 chapter 3			
	% Impairment 4%						
Lumbar Extension	T12 ROM	30	38	32			
	Sacral ROM	4	4	5			
	True lumbar extension angle	26	26	27			
	±10% or 5°?	(Yes)	No	Table 81 Page 128			
	Maximum true lumbar extension angle	27		(Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)			
	% Impairment						
Straight Leg Raising (SLR), Right	Right SLR	20	22	22			
	±10% or 5°?	(Yes)	No	(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15°, lumbar ROM test is invalid)			
	Maximum SLR right						
Straight Leg Raising, Left	Left SLR	20	18	18			
	±10% or 5°?	(Yes)	No	(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15°, lumbar ROM test is invalid)			
	Maximum SLR Left						
Lumbar Right Lateral Flexion	T12 ROM	40	40	41			
	Sacral ROM	0	0	0			
	Lumbar right lateral flexion angle	40	40	41			
	±10% or 5°?	(Yes)	No	Table 82			
	Maximum lumbar right lateral flexion angle	41		Page 130 chapter 3			
	% Impairment 0%						
Lumbar Left Lateral Flexion	T12 ROM	30	32	30			
	Sacral ROM	0	0	0			
	Lumbar left lateral flexion angle	30	32	30			
	±10% or 5°?	(Yes)	No	Table 82			
	Maximum lumbar left lateral flexion angle	30		Page 130			
	% Impairment 0%						
Lumbar Ankylosis in Lateral Flexion	Position						
	% Impairment			(Excludes any impairment for abnormal flexion or extension motion)			

Total lumbar range of motion and ankylosis* impairment 4 %

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankyloses in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

[signature] MD

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FAX:304-776-4592

Figure 77. Cervical Range of Motion (ROM):*

Name CHRISTOPHER LESTER Soc. Sec. No. [redacted]-3340 Date 4/29/03

Movement	Description	Range					
Cervical Flexion	Occipital ROM	40	40	40			
	T1 ROM	2	2	2			
	Cervical flexion angle	38	38	38			
	±10% or 5°?	Yes	No				
	Maximum cervical flexion angle	38	Table 76				
	% Impairment 1%		Page 118 chapter 3				
Cervical Extension	Occipital ROM	50	50	50			
	T1 ROM	2	2	2			
	Cervical extension angle	48	48	48			
	±10% or 5°?	Yes	No				
	Maximum cervical extension angle	48	Table 76				
	% Impairment 1%		Page 118 chapter 3				
Cervical Ankylosis in Flexion/Extension	Position		(Excludes any impairment for abnormal flexion or extension motion)				
	% Impairment						
Cervical Right Lateral Flexion	Occipital ROM	40	42	42			
	T1 ROM	0	0	0			
	Cervical right lat flexion angle	40	42	42			
	±10% or 5°?	Yes	No	Table 77			
	Maximum cervical right lat flexion angle	42	Page 120 chapter 3				
	% Impairment 0%						
Cervical Left Lateral Flexion	Occipital ROM	30	31	32			
	T1 ROM	0	0	0			
	Cervical left lat flexion angle	30	31	32			
	±10% or 5°?	Yes	No	Table 77			
	Maximum cervical left lat flexion angle	32	Page 120 chapter 3				
	% Impairment 1%						
Cervical Ankylosis in Lateral Flexion and Extension	Position		(Excludes any impairment for abnormal lateral flexion or extension motion)				
	% Impairment						
Cervical Right Rotation	Cervical right rotation angle	80	82	82			
	±10% or 5°?	Yes	No	Table 78			
	Maximum cervical right rotation angle	82	Page 122 chapter 3				
	% Impairment 0%						
Cervical Left Rotation	Cervical left rotation angle	76	78	80			
	±10% or 5°?	Yes	No	Table 78			
	Maximum cervical left rotation angle	80	Page 122 chapter 3				
	% Impairment 0%						
Cervical Ankylosis in Rotation	Position		(Excludes any impairment for abnormal rotation)				
	% Impairment						

Total cervical range of motion and ankylosis* impairment 3 %

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankyloses in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

MD

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Figure 78. Thoracic Range of Motion (ROM)*

Name CHRISTOPHER LESTER Soc. Sec. No. [redacted]-3340 Date 04/29/03

Movement	Description	Range					
Angle of Minimum Kyphosis (Thoracic Ankylosis in Extension)	T1 reading		XXXX	XXXX	XXXX	XXXX	XXXX
	T12 reading		XXXX	XXXX	XXXX	XXXX	XXXX
	Angle of minimum kyphosis		XXXX	XXXX	XXXX	XXXX	XXXX
	% Impairment due to thoracic ankylosis	(Use larger of either ankylosis or flexion impairment)					
Thoracic Flexion	T1 ROM	88	88	88			
	T12 ROM	35	35	35			
	Thoracic flexion angle	53	53	53			
	± 10% or 5°?	Yes	No				
	Maximum thoracic flexion angle	53 — Table 79 Page 122 Chapter 3					
	% Impairment 0%						
Thoracic Right Rotation	T1 ROM	50	50	49			
	T12 ROM	supine					
	Thoracic right rotation angle						
	± 10% or 5°?	Yes	No				
	Maximum thoracic right rotation angle	50 — Table 80 Page 126 chapter 3					
	% Impairment 0%						
Thoracic Left Rotation	T1 ROM	52	52	48			
	T12 ROM	supine					
	Thoracic left rotation angle						
	± 10% or 5°?	Yes	No				
	Maximum thoracic left rotation angle	52 — Table 80 Page 126 chapter 3					
	% Impairment 0%						
Thoracic Ankylosis in Rotation	Position	(Includes any impairment for abnormal flexion or extension motion)					
	% Impairment						

Total thoracic range of motion and ankylosis* impairment 0 %

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 322). If ankyloses in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

[signature] MD

Figure 1. Upper Extremity Impairment Evaluation Record–Part 2 (Wrist, elbow, and shoulder) Side ☐R ☑L

Name CHRISTOPHER LESTER Age 31 Sex ☑M ☐F Dominant hand ☑R ☐L Date 4-29-03

Occupation _____ Diagnosis _____

	Abnormal motion Record motion, ankylosis and impairment %				Other disorders- List type & impairment %	Regional impairment % •Combine [1]•[2]	Amputation Mark level & impairment %
Wrist	Flexion	Extension	Ankylosis	IMP%			
Angle°							
IMP%							
	RD	UD	Ankylosis	IMP%			
Angle°							
IMP%							
Add IMP% F/E + RD/UD =				[1]	IMP% =	[2]	
Elbow	Flexion	Extension	Ankylosis	IMP%			
Angle°							
IMP%							
	Pro	Sup	Ankylosis	IMP%			
Angle°							
IMP%							
Add IMP% F/E + PRO/SUP =				[1]	IMP% =	[2]	
Shoulder	Flexion	Extension	Ankylosis	IMP%			
Angle°	90	35		7%			
IMP%	6%	1%					
	Add	Abd	Ankylosis	IMP%			
Angle°	30	90		6%			
IMP%	1%	4%					
	Int Rot	Ext Rot	Ankylosis	IMP%			
Angle°	90	90		0%			
IMP%	0%	0%					
Add IMP% F/E + Add/Abd + IR/ER =	12%	[1]			IMP% =	[2]	IMP %

Fig 26 pg 3/36 Flex-Ext

Fig 29 pg 3/38 Ulnar/Rad dev.

Fig 32 pg 3/40 Flex- Ext

Fig 35 pg 3/41 Pron-Sup

Fig 38 pg 3/43 Flex-Ext

Fig 41 pg 3/44 Add-Abd

Fig 44 pg 3/45 IR-ER

I. Amputation impairment (other than digits)	=
II. Regional impairment of upper extremity •(Combine hand ____% + wrist ____% + elbow 7 % + shoulder ____%)	•
III. Peripheral nerve system impairment	•
IV. Peripheral vascular system impairment	=
V. Other disorders (not included in regional impairment)	•
Total upper extremity impairment (• Combine I + II + III + IV + V)	12%
Impairment of the whole person (Use Table 3 p. 20)	= 7%

If both limbs are involved, calculate the whole-person impairment for each on a separate chart and combine the percents (Combined Values Chart).

MD

March 26, 2003

Jim Haas
IMD
PO Box 7573
Cross Lanes, WV 25356

RE: Christopher W. Lester
Claim #: 20-46841
S.S.N.: [redacted]3340
DOI: 3/10/2000

PTD/IME
Part 2 of 2

Dear Mr. Haas,

Enclosed, please find a copy of the comprehensive functional capacity evaluation (FCE) performed by Bobbi Jo Chapman, OTR/L, CHT of HPT Physical Therapy Specialists.

DISCREPANCIES:

The following discrepancies were noted:

- Inconsistent effort with grip strength testing of the right hand.
- Inconsistent effort with grip strength testing of the left hand.
- Inconsistent effort with static leg lift test.
- Failed Waddell's Non-Organic Signs.
- Inconsistencies between functional abilities and manual muscle testing results. He demonstrated inability to perform squat when asked to perform activity alone, but is able to achieve full squat when attempting floor lift.

RESULTS:

Mr. Lester exhibits a generalized weakness in abdominal, lumbar, and bilateral lower extremities musculature. He presents with moderate range of motion deficits in the lumbar spine. He is unable to safely lift from the floor due to inability to lift body weight alone from a squat to an erect position. He carries 20 pounds repeatedly from waist height to waist height. He lifts 66 pounds statically (static leg lift). Forty percent of maximum static lifting (26 pounds) is the expected maximum for an eight-hour workday and should be similar to his dynamic lifting ability. He has poor body mechanics and poor posture.

CLINICAL IMPRESSION:
At the time of the evaluation, I believe Mr. Lester is capable of a Light work classification, on a horizontal level only, carrying up to 20 pounds infrequently, and 10 pounds on a frequent basis when working in a safe environment and using proper body mechanics.

If you have any questions or need additional information, please do not hesitate to contact us.

Sincerely;

Bobbi Jo Chapman, OTR/L, CHT

Bobbi Jo Chapman, OTR/L, CHT
WV Lic # 502

FUNCTIONAL CAPACITY EVALUATION

The FUNCTIONAL CAPACITY EVALUATION was performed on Wednesday, March 26, 2003. Prior to the evaluation, Mr. Lester was instructed to give maximum effort during today's testing procedures. The informed consent was presented, his questions were answered, and he stated he read and understood this information.

Age: 31 years
Height: 5 ' 8 "
Weight: 295 lbs
Blood Pressure: 100 / 64 mmHg
Pulse: 101 BPM at rest Not to exceed predicted 85% of maximum: 161 BPM

PHYSICAL EXAMINATION:

Muscular Atrophy: None
Skin: Normal
Tone: Normal
Discoloration: None
Hair Loss: None

SPINAL MOBILITY:

CERVICAL SPINE:	ROM	NORMAL **	Strength
Flexion	10°	61°	4/5
Extension	20°	76°	4/5
Rotation Right	30°	68°	4/5
Rotation Left	28°	68°	4/5
Side Bending Right	22°	43°	4/5
Side Bending Left	12°	43°	4/5

** Normal Range of Motion of the Cervical Spine: An Initial Goniometric Study, Physical Therapy / Volume 72, Number 11/ Nov.1992.

LUMBAR SPINE:	ROM	NORMAL**
Flexion	10°	25 to 35
Extension	5°	10 to 15
Rotation Right	14°	8 to 12
Rotation Left	10°	8 to 12
Side Bending Right	10°	20 to 30
Side Bending Left	8°	20 to 30

** Performed with the BROM II Back Range of Motion testing device.

The abdominal muscle strength is 60% of normal. The back extensor muscle strength is 60% of normal.

UPPER EXTREMITIES

	LEFT		RIGHT	
	ROM	STRENGTH	ROM	STRENGTH
SHOULDER				
Flexion	50%	3/5	100%	5/5
Extension	90%	3/5	100%	5/5
External Rotation	60%	3/5	100%	5/5
Internal Rotation	90%	3/5	100%	5/5
Abduction	50%	3/5	100%	5/5
Adduction	100%	3/5	100%	5/5
ELBOW				
Flexion	100%	3/5	100%	5/5
Extension	100%	3/5	100%	5/5
WRIST				
Flexion	100%	3/5	100%	5/5
Extension	100%	3/5	100%	5/5
Pronation	100%	3/5	100%	5/5
Supination	100%	3/5	100%	5/5
Radial Deviation	100%	3/5	100%	5/5
Ulnar Deviation	100%	3/5	100%	5/5
HAND				
Fist	100%	4/5	100%	5/5
Spread	100%	4/5	100%	5/5

LOWER EXTREMITIES

	LEFT		RIGHT	
	ROM	STRENGTH	ROM	STRENGTH
HIP				
Flexion	75%	4/5	75%	3/5
Extension	100%	4/5	100%	3/5
Abduction	75%	4/5	75%	3/5
Adduction	100%	4/5	100%	3/5
Internal Rotation	90%	4/5	90%	3/5
External Rotation	90%	4/5	90%	3/5
KNEE				
Flexion	75%	4/5	75%	4/5
Extension	100%	4/5	100%	4/5
ANKLE/FOOT				
Dorsiflexion	100%	5/5	80%	4/5
Plantar Flexion	100%	5/5	80%	4/5
Inversion	100%	5/5	80%	4/5
Eversion	100%	5/5	80%	4/5

Reported Pain Level.
Prior to the evaluation his pain level was a 4 on a scale of 0 to 10. Upon completion of the evaluation Mr. Lester states his pain is located in the same area but has intensified and is a 9-10 out of a possible 10.

DISCREPANCIES:
The following discrepancies were noted:

- Inconsistent effort with grip strength testing of the right hand.
- Inconsistent effort with grip strength testing of the left hand.
- Inconsistent effort with static leg lift test.
- Failed Waddell's Non-Organic Signs.
- Inconsistencies between functional abilities and manual muscle testing results. He demonstrated inability to perform squat when asked to perform activity alone, but is able to achieve full squat when attempting floor lift.

RESULTS:
Mr. Lester exhibits a generalized weakness in abdominal, lumbar, and bilateral lower extremities musculature. He presents with moderate range of motion deficits in the lumbar spine. He is unable to safely lift from the floor due to inability to lift body weight alone from a squat to an erect position. He carries 20 pounds repeatedly from waist height to waist height. He lifts 66 pounds statically (static leg lift). Forty percent of maximum static lifting (26 pounds) is the expected maximum for an eight-hour workday and should be similar to his dynamic lifting ability. He has poor body mechanics and poor posture.

CLINICAL IMPRESSION:
At the time of the evaluation, I believe Mr. Lester is capable of a Light work classification, on a horizontal level only, carrying up to 20 pounds infrequently, and 10 pounds on a frequent basis when working in a safe environment and using proper body mechanics.

Bobbi Jo Chapman, OTR/L, CHT

Bobbi Jo Chapman, OTR/L, CHT

MARKER-HOFF GROUP
THE LEADER IN PROFESSIONAL LITIGATION SUPPORT

STYLE OF CASE: Michael W. Harris, et al.

vs.

Purdue Pharma L.P., et al.

CASE NO: C-1-01-428

PERTAIN TO: Christopher Wayne Lester

FROM: Larry's Drive-In Pharmacy
313 Madison Avenue
Madison, WV 25130
(304) 369-0209

DELIVER TO: Mr. Phillip J. Smith
VORYS, SATER, SEYMOUR & PEASE, LLP
Atrium Two, Suite 2100
221 East Fourth Street
Cincinnati, OH 45202

THE ENCLOSED DOCUMENT CAN BE IDENTIFIED BY NUMBER 500688025-0001.

Case No. **C-1-01-428**

Michael W. Harris	:	**Southern District Court**
	:	
vs.	:	**County of Hamilton**
	:	
Purdue Pharma L.P., et al	:	**State of Ohio**

Records pertaining to: **Christopher Wayne Lester**

Custodian of Records For: **Larry's Drive-In Pharmacy**

I have conducted a thorough search of our files for the requested records, including but not limited to: patient intake forms and health questionnaires, and/or consent forms, and/or physical examination records, and/or x-rays, and/or pathology slides and/or blocks, and/or all nurses notes and physicians notes, and/or treatment records and reports, and/or prescription records, and/or third-party consultation records, and/or records of treatment at hospitals and other health care providers, and/or test results from outside laboratories, and/or itemized billing records, and/or insurance claims forms, and or personnel records and/or payroll records, and/or academic records, and/or correspondence.

I certify that nothing has been removed from the original file before releasing copies of these records or the originals. The records I am releasing are the original records or exact duplicates of the original records and include each and every record contained in the file on the above-named individual.

Lisa M. Mills RPh
AFFIANT

WITNESS

8/25/03
DATE

ORDER # S00688-025.

CUHIST (Revision) 700.15 01 JUL 2002 — LARRY'S DRIVE-IN PHARMACY — DATE/TIME - 08/25/2003 8:34am
PHARM NABP/DIV/STORE #- 5006817/ 0/ 0 — PHARMACIST'S STATEMENT — PAGE- 1
03/28/1998 THRU 08/25/2003

PHARMACY NAME	LARRY'S DRIVE-IN PHARMACY			LICENSE #	SP0550784
ADDRESS	313 MADISON AVE			FEDERAL TAX ID	550614015
CITY, ST ZIP	MADISON	WV	25130	TAX #	
TELEPHONE	(304) 369-0209				
FAMILY NAME	LESTER,CHRIS			TELEPHONE	( ) -
ADDRESS	BOX 21			FAMILY ACCOUNT #	006593
CITY, ST ZIP	HEWETT	WV	25108		
MEMBER NAME	LESTER,CHRIS			BIRTHDAY	[redacted]/1971
MEMBER #	01			SEX	M
SOCIAL SECURITY #				RELATION	S

RX-#	RFL	NDC-#	DRUG-DESCRIPTION	DOCTOR-NAME	RFL-DATE	RPH/TCH	QUAN	DAY	3PTY#	PRICE-$	3PTY1-$	3PTY2-$	CUST-$
610591		00591034905	HYDROCODONE 5/500MG TAB W	SNYDER,JOHN M	12102002	SM	60	30	8011	8.96	3.96		5.00
514617		59011010510	OXYCONTIN 40MG TAB PERDUE	SNYDER,JOHN M	12042000	LB	90	30	3000	324.24	309.24		15.00
514618		52544030701	HYDROCODONE/ACET 7.5-750	SNYDER,JOHN M	12042000	LB	50	12	3000	12.65	7.65		5.00
514615		00085113201	PROVENTIL HFA INHALER KEY	SNYDER,JOHN M	12042000	LB	7	15	3000	27.90	12.90		15.00
514616		00069306075	Z-PAK	SNYDER,JOHN M	12042000	LB	6	5	3000	35.96	20.96		15.00
456121		00378015505	PROPOXY-N/APAP 100-650 TA	BOONE MEMORIA	09021999	LB	15	5	2000	5.50	.00		5.50
390930		00007411713	FAMVIR TAB 500MG SKF	STOLLINGS,RON	03281998	LB	21	7	8011	118.75	108.75		10.00
390931		51285064402	OXYCODONE AND ACET 5-500	STOLLINGS,RON	03281998	LB	30	10	8011	10.80	.80		10.00
									MEMBER 01 TOTALS	544.76	464.26	.00	80.50

I HEREBY CERTIFY THAT THESE DRUGS AND MEDICINES WERE DISPENSED TO THE ABOVE NAMED PERSON(S) BY ORDER OF HIS (OR HER) PERSONAL PHYSICIAN.

PHARMACIST'S SIGNATURE [signature] RPH DATE 8/25/03

500688.025.0001